

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

161586026

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/					
3	/					
4	/					
5	9					
6	51					
7	4					
8	4					
9	4					
10	12					
11	33					
12	33					
13	33					
14	33					
15	3					
16	0					
17	0					
18	0					
19	0					
20	0					
21	0					
22	0					
23	0					
24	0					
25	0					
26	0					
27	0					
28	0					
29	0					
30	0					
31	0					
32	1					
33	5					
34	2					
35	2					
36	0					
37	0					
38	0					
39	0					
40	0					
41	0					
42	0					
43	0					
44	0					
45	0					
46	0					
47	0					
48	0					
49	0					
50	0					
TOTAL IND.			1			
TOTAL DEP.			45			
TOTAL CLAIMS			46			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						